British Columbia's Annual Report on Early Childhood Development Activities - 2001/2002

A Commitment to Action

BRITISH COLUMBIA

National Library of Canada Cataloguing in Publication Data
British Columbia.
British Columbia's annual report on ECD activities. — 2001/2002-

Annual
"A commitment to action"
Also available on the Internet.
ISSN 1705-4303 = British Columbia's annual report on ECD activities

1. Children – Services for - British Columbia - Periodicals. 2. Child care services – Government policy - British Columbia - Periodicals. 3. Early childhood education – Government policy - British Columbia - Periodicals. 4. Family services – Government policy - British Columbia – Periodicals. I. Title. II. Title: Annual report on Early Childhood Development activities.

HQ792.C3B74 362.7'09711'05 C2003-960028-9

104-07642/

Table of Contents

Message from the Minister of State for Early Childhood Development iii

Introduction 1

Early Childhood Development in BC - A Commitment to Action 3

Major Activities and Accomplishments 5

Key Action Area: Promoting healthy pregnancy, birth and infancy 5

Infant Development Program 5

Inter-Ministerial Collaboration: Prevention of and Early Intervention in Fetal Alcohol Spectrum Disorder (FASD) 6

Childhood Immunizations 8

Key Action Area: Strengthening Early Childhood Development, Learning and Care 9

Child Care 9

Inter-Ministerial Collaboration – Autism Spectrum Disorder 11

Key Action Area: Improved parenting and family supports 13

Parent Information Publications 14

Early Intervention Therapies 15

Key Action Area: Strengthening community supports 17

Aboriginal Early Childhood Development 17

Make Children First Learning Initiative 18

Legacy Fund for Early Childhood Development 19

2001/2002 Program Expenditure Summary 23

Message from the Minister of State

I am pleased to present British Columbia's Annual Report on Early Childhood Development Activities 2001/2002: A Commitment to Action. British Columbia will be reporting annually on its ECD investments to fulfill its commitment to the September 11, 2000, Early Childhood Development Agreement. Under this Agreement, the Government of Canada will be providing $291 million over five years to the province of BC. The Annual Report for 2001/2002 builds on the 2000/2001 baseline expenditure report released in May 2002.

Eight BC ministers have responsibilities for the varied aspects of services to children. As Minister of State for Early Childhood Development, I have been privileged to work with each of them to develop a long-term vision for policies and programs in this area. Thank you very much to my honourable colleagues: Children and Family Development Minister Gordon Hogg; Community, Aboriginal and Women's Services Minister George Abbott; Education Minister Christy Clark; Human Resources Minister Murray Coell; Health Services Minister Colin Hansen; Health Planning Minister Sindi Hawkins; and Women's Equality Minister of State Lynn Stephens.

Our vision emphasizes an integrated cross-government strategy for children from pre-conception to six years of age. At this point, we have identified five major priorities:

- making strategic investments in capacity and resiliency building and providing evidence-based funding such as Human Early Learning Partnership and the Early Development Instrument to measure kindergarten children's readiness to learn
- building capacity with Aboriginal communities to develop and implement early intervention strategies
- quality child care programs and services to support a child's developmental health
- parental education initiatives which help parents to make the most of their children's development, and
- partnerships with the private sector to broaden community involvement and capacity for early childhood development initiatives.

I know that on behalf of families in British Columbia, we will continue to work together to ensure that our children grow up healthy and safe.

Yours with kindest regards,

The Honourable Linda Reid
Minister of State for Early Childhood Development

Introduction

In September 2000, the federal, provincial and territorial governments made a joint commitment to improve and expand early childhood development (ECD) programs and services. The Federal-Provincial-Territorial Early Childhood Development Agreement establishes the importance of ECD and proposes a vision for Canada's young children.

Under this Agreement, the Government of Canada will be providing $2.2 billion over five years, beginning in 2001/2002, to provincial and territorial governments to improve and expand ECD programs and services, in four priority areas for action:

- promote healthy pregnancy, infancy, and birth;
- improve parenting and family supports;
- strengthen early childhood development, learning, and care; and
- strengthen community supports.

Public reporting is a key element of the Agreement. Governments have indicated their commitment to this, as follows:

> "...First Ministers believe in the importance of being accountable to Canadians for the early childhood development services that they deliver. Clear public reporting will enhance accountability and will allow the public to track progress in improving the well-being of Canada's young children. Regular measuring of, and reporting on early childhood development provides governments and others with a powerful tool to inform policy-making and to ensure that actions are as focussed and effective as possible..." (First Ministers' Meeting Communiqué, September 11, 2000).

Governments have agreed to prepare individual annual reports, using a shared framework, on the activities they have selected as priorities for investment. The purpose of the shared framework is to provide a set of principles and guidelines for annual reporting by each government on progress in improving and expanding ECD programs and services.

This report highlights the progress made and the collaborative work undertaken in support of young children and their families in British Columbia. This report describes the programs and services that British Columbia is making investments in as part of the F/P/T ECD Initiative. It is limited to investments for fiscal year 2001/2002 only, to coincide with the first year of the five year federal funding.

The Annual report is organized by the four priority areas for action, identified in the First Ministers' Meeting Communiqué. This grouping does not reflect that many investments cover more than one of the priority areas. Within each "pillar" of investment, an activity or program is profiled for 2001/2002. The highlighted program/activity will change in subsequent reports as new programs and investments are profiled.

There is a significant diversity in the provision of early childhood development programs and services in British Columbia and across the country and there are varying data systems and capacities on which to report. British Columbia is committed to improve the quality of reporting over time.

British Columbia will receive $291.2 million in federal funding over five years. In meeting its initial public reporting commitment, British Columbia released its baseline of ECD expenditures for 2000/2001 in May 2002. Electronic copies are available on the Ministry of Children and Family Development website: **www.gov.bc.ca/mcf/**.

In addition to our commitment to report on programs and services, British Columbia is also committed to report regularly on an agreed to set of indicators of child well-being. British Columbia has prepared this information in its report titled Indicators of Early Childhood Health and Wellbeing in British Columbia Initial Report which is also available at **www.gov.bc.ca/mcf/**.

Early Childhood Development in BC – A Commitment to Action

2001/2002 was a transition year in British Columbia, with a new government sworn into office on June 5,2001. Subsequently, there was an extensive re-organization of ministries, which were given significant new policy direction and tasked with the responsibility for implementing the government 's New Era commitments.

All government ministries proceeded through a review of services in 2001/2002, which refined the mandates of ministries and identified the strategic shifts required to move government toward its long-term objectives.

To indicate its ongoing commitment to ECD and the priority for action in this area, government established the office of the Minister of State for Early Childhood Development, the first of its kind in Canada. The Honourable Linda Reid has been asked to develop and implement a cross-government early childhood development strategy, from preconception to age six.

To provide input into the priorities for early childhood development, an Early Childhood Development Minister's Advisory Committee has been created. The Advisory Committee members represent:

- aboriginal communities
- academic institutions involved in research in ECD
- federal and provincial child-serving ministries
- non-profit organizations
- service providers within the key child and family development service areas.

As well, the child-serving ministries of the BC government are partners in the development of policy for ECD in BC:

- Children and Family Development
- Community, Aboriginal and Women's Services
- Education
- Health Planning
- Health Services
- Human Resources

These ministries share responsibility for ensuring that government is a full partner in supporting the vision for ECD - "healthy children and responsible families living in safe, caring and inclusive communities" - is achieved through innovative, integrated and collaborative work.

In the spring of 2002 BC released the BC Early Childhood Development Action Plan: A Work in Progress which outlines the early childhood development programs and services across government and the outcomes expected in key action areas.

As enhancement and expansion to ECD programs and services proceed, work is continuing on the development and refinement of a cross-government strategic plan for children from pre-conception to age six.

The purpose of a strategic plan for ECD in BC is to develop capacity across the province in order to reduce vulnerability, increase resilience, and reduce inequality of development in the birth to age 6 group, so that all children may enjoy optimum health, well-being, and competence/ coping skills throughout their lives.

The goal of healthy development for all children is supported by the following essential elements, which all partners to the strategy strive to improve over time:

- **Available** - the appropriate types and amount of services are available to children and families.
- **Accessible** - barriers to accessing services are recognized and addressed, including barriers that may arise due to transience/mobility, affordability, location/transportation, language/cultural sensitivity.
- **Partnership Driven and Community Based** - families, communities[1] and governments make a commitment to collaborate in identifying, developing and delivering an integrated continuum of community-based services.
- **"Best Practice" orientation** - Research supports sound policy development and quality service practice, including factors such as training and use of technology/information systems.
- **Accountable** - Monitoring, evaluation and accountability measures are required at multiple levels to ensure services are current, appropriate, cost effective, and delivered in a timely way .

[1] Communities may be defined as not only the individuals living within a self- or otherwise defined community, but may also include specific groups such as employers, unions, religious bodies, non-profit societies, professional organizations, stakeholder groups, etc.

Major Activities and Accomplishments - 2001/2002

Key Action Area: Promoting healthy pregnancy, birth and infancy

Prenatal, birth and infancy experiences have a profound effect on the health and well-being of infants and young children, and contribute to continuing good health. New evidence has significantly improved our knowledge and understanding of this developmental period (from conception to age six with a particular focus on conception to age three), about the policies and programs that can improve developmental outcomes for young children and the high costs of not intervening early.

Infant Development Program (IDP)

The Ministry of Children and Family Development's Infant Development Program (IDP) provides home-based services to infants up to age three who are at risk of developmental delay, or who have a developmental disability, and their families.

Referrals from parents, public health nurses, physicians, etc., are directed to contracted agencies in over 60 centres across the province. Services include assessments, consultation, counseling and group activities with the childrens and families and referrals to relevant community professionals and resources.

Professionally trained infant development consultants visit families at home and help parents to encourage and support the child's development through developing individualized activity programs, provide books, toys and resource materials and link families with other families and community services.

In 2001, IDP served approximately 3,100 children.

Central Services - The Office of the Provincial IDP Advisor provides provincial coordination, support, training, and links with professional and public groups.

Regional Services - The majority of funding is distributed to regions to administer Infant Development Program agency contracts. In 2001/2002, an incremental investment was made to IDP to improve access to services and supports.

Training - IDP continues to provide in-service opportunities for professional development for service providers such as the Summer Institute at UBC each year.

Monitoring and Evaluation - Parent Outcomes
A 1999 survey of parents of children in the program indicated they were satisfied with services and that access to services was the most prevalent suggestion for improving IDP services.

Incremental investment 2001/2002: $1.4 million

Major Activities and Accomplishments - 2001/2002

Key Action Area: Promoting healthy pregnancy, birth and infancy

Prenatal, birth and infancy experiences have a profound effect on the health and well-being of infants and young children, and contribute to continuing good health. New evidence has significantly improved our knowledge and understanding of this developmental period (from conception to age six with a particular focus on conception to age three), about the policies and programs that can improve developmental outcomes for young children and the high costs of not intervening early.

Infant Development Program (IDP)

The Ministry of Children and Family Development's Infant Development Program (IDP) provides home-based services to infants up to age three who are at risk of developmental delay, or who have a developmental disability, and their families.

Referrals from parents, public health nurses, physicians, etc., are directed to contracted agencies in over 60 centres across the province. Services include assessments, consultation, counseling and group activities with the childrens and families and referrals to relevant community professionals and resources.

Professionally trained infant development consultants visit families at home and help parents to encourage and support the child's development through developing individualized activity programs, provide books, toys and resource materials and link families with other families and community services.

In 2001, IDP served approximately 3,100 children.

Central Services - The Office of the Provincial IDP Advisor provides provincial coordination, support, training, and links with professional and public groups.

Regional Services - The majority of funding is distributed to regions to administer Infant Development Program agency contracts. In 2001/2002, an incremental investment was made to IDP to improve access to services and supports.

Training - IDP continues to provide in-service opportunities for professional development for service providers such as the Summer Institute at UBC each year.

Monitoring and Evaluation - Parent Outcomes
A 1999 survey of parents of children in the program indicated they were satisfied with services and that access to services was the most prevalent suggestion for improving IDP services.

Incremental investment 2001/2002: $1.4 million

Key Action Area: Promoting healthy pregnancy, birth and infancy

Inter-Ministerial Collaboration: Prevention and early intervention of Fetal Alcohol Spectrum Disorder (FASD)

British Columbia recognizes that Fetal Alcohol Spectrum Disorder (FASD) requires an integrated, coordinated and sustainable response across all levels of government and relies on the active participation of communities and stakeholders. British Columbia has made key investments in the enhancement of cross-government coordination, the strengthening of prevention efforts and the provision of training and continuing education initiatives.

Coordination and Integration

- In the Fall 2001, British Columbia joined the Prairie Northern Pacific FAS Partnership. The Partnership is developing and coordinating a comprehensive inter-provincial/territorial approach to FASD prevention and support.
- An Inter-Ministerial Assistant Deputy Ministers' Committee on FASD has been established to provide leadership in developing a cross-government strategy on FASD.
- The Provincial Health Officer is directing a Provincial Primary Prevention Strategy for Substance Misuse to outline best practices and ways to enhance the coordination and integration of prevention services.

In 2001/2002, British Columbia continued its commitment to investing in FASD prevention and early intervention:

- A team of experts is developing a provincial model for FASD diagnosis and assessment.
- Pregnancy Outreach Program Guidelines were developed to enhance identification and early intervention strategies for pregnant women at risk for substance abuse.
- Sheway, an outreach program in the Downtown Eastside for pregnant women and women with young children who have alcohol and drug misuse issues, provides outreach access to medical professionals, infant development workers, nutritional support and counselling, and social workers.
- The BC Aboriginal Network on Disability Society is working with aboriginal communitites throughout the province to plan and implement FASD prevention services for a more coherent, community-based delivery system.
- Training and Continuing Education - A video entitled "Redefing Success: Raising Children Exposed Prenatally to Alcohol" and accompanying guidebook for foster parents was developed and distributed.

Incremental investment 2001/2002: $122,000

Key Action Area: Promoting healthy pregnancy, birth and infancy

Inter-Ministerial Collaboration: Prevention and early intervention of Fetal Alcohol Spectrum Disorder (FASD)

British Columbia recognizes that Fetal Alcohol Spectrum Disorder (FASD) requires an integrated, coordinated and sustainable response across all levels of government and relies on the active participation of communities and stakeholders. British Columbia has made key investments in the enhancement of cross-government coordination, the strengthening of prevention efforts and the provision of training and continuing education initiatives.

Coordination and Integration

- In the Fall 2001, British Columbia joined the Prairie Northern Pacific FAS Partnership. The Partnership is developing and coordinating a comprehensive inter-provincial/territorial approach to FASD prevention and support.
- An Inter-Ministerial Assistant Deputy Ministers' Committee on FASD has been established to provide leadership in developing a cross-government strategy on FASD.
- The Provincial Health Officer is directing a Provincial Primary Prevention Strategy for Substance Misuse to outline best practices and ways to enhance the coordination and integration of prevention services.

In 2001/2002, British Columbia continued its commitment to investing in FASD prevention and early intervention:

- A team of experts is developing a provincial model for FASD diagnosis and assessment.
- Pregnancy Outreach Program Guidelines were developed to enhance identification and early intervention strategies for pregnant women at risk for substance abuse.
- Sheway, an outreach program in the Downtown Eastside for pregnant women and women with young children who have alcohol and drug misuse issues, provides outreach access to medical professionals, infant development workers, nutritional support and counselling, and social workers.
- The BC Aboriginal Network on Disability Society is working with aboriginal communitites throughout the province to plan and implement FASD prevention services for a more coherent, community-based delivery system.
- Training and Continuing Education - A video entitled "Redefing Success: Raising Children Exposed Prenatally to Alcohol" and accompanying guidebook for foster parents was developed and distributed.

Incremental investment 2001/2002: $122,000

Key Action Area: Promoting healthy pregnancy, birth and infancy

Fetal Alcohol Spectrum Disorder - Provincial Ministry Contributions

Promotion & Prevention

MCFD

- Aboriginal ECD
- Public awareness campaign
- Building Blocks
- Prairie Northern Pacific FAS Partnership
- Public private partnership initiatives

MEd

- Substance abuse prevention curriculum

MOHS/P

- Pregnancy outreach
- BC Reproductive Care
- Public education
- Preventive health programs
- Health related Municipal by-laws

Early Intervention with Women at Risk

MCAWS

- Stopping the Violence branch

MCFD

- Aboriginal ECD
- Building Blocks
- Supportive programs (eg. Sheway)

MOHS/P

- Pregnancy outreach
- BC Reproductive Care
- Mental health & addictions

Support for Children, Youth and Families

MCFD

- Building Blocks
- Aboriginal ECD
- Child & youth permanency
- Developmental services for children & youth with Special Needs
- Protecting children in their community
- Safe Babies
- Child & youth mental health
- Youth justice

MEd

- Standards, funding allocation, monitoring of student achievement
- School board programs, services & supports

COMMUNITY CAPACITY BUILDING

Diagnosis and Assessment of FASD

MOHS/P

- Clinical diagnostic services (e.g. Sunny Hill Health Centre)

Training

MAE

- Post-secondary curricula

MCFD

- Foster parent training
- 2003 FAS Symposium for Continuing Medical Education

MPSSG

- Mandatory training for staff
- Community-based workshops

Research and Evaluation

MCAWS

- Women's Policy branch

MCFD

- Human Early Learning Partnership
- Community mapping

MOHS/P

- Vital Statistics
- Provincial Health Officer

MAE - Advanced Education
MCAWS - Community, Aboriginal and Women's Services
MCFD - Children and Family Development
MEd - Education
MOHS/P - Health Services/Planning
MPSSG - Public Safety and Solicitor General

Key Action Area: Promoting healthy pregnancy, birth and infancy

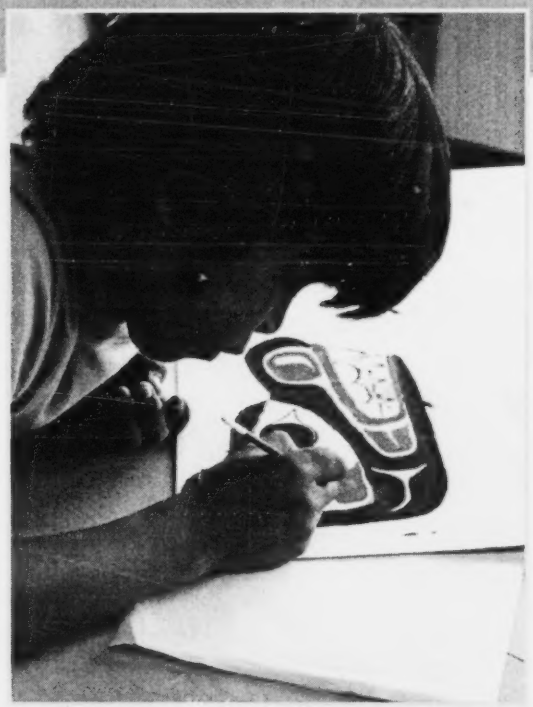
Childhood Immunizations

In British Columbia, all infants and preschool children have access to immunizations to protect them from nine serious diseases: diphtheria; tetanus; polio; pertussis; haemophilus influenzae type B; measles; mumps; rubella; and hepatitis B.

In 2001/2002, a publicly funded pneumococcal vaccine program was introduced for persons (two years of age and older) at high risk for invasive pneumococcal disease. Invasive pneumococcal disease includes life-threatening bacterial infections. They cause childhood meningitis, pneumonia, bacteremia and middle ear infection.

Individuals considered at high risk include people with health conditions such as chronic hepatitis B or hepatitis C, chronic heart or lung disease, any condition associated with a weakened immune system, asplenia, sickle cell disease, diabetes, etc.... The vaccine is administered by a public health nurse or family physician.

Incremental investment 2001/2002: $579,000



Key Action Area: Strengthen Early Childhood Development, Learning and Care

Early childhood experiences affect us throughout our lives. While the family environment is primary, more and more children spend a significant amount of time in care settings outside the home. Quality child care experiences are critical to supporting children, families and a productive society. Because of its centrality in the lives of so many children and families, quality child care is a cornerstone of early childhood development. It supports all facets of children's healthy development resulting in increased school readiness, higher school performance, increased high school graduation and employment. BC's fiscal and social well-being depends on the ability of its citizens, now and in the future, to function well.

Child Care

The Government of British Columbia's New Era document (2001), committed to:

- increased child care choices for parents by encouraging expansion of safe, affordable child care spaces, and
- target child care funding to help parents who need it most.

The first ECD investment year, fiscal 2001/2002, was a year of transition for BC's child care system. Child care programs and grants were maintained through the year while work proceeded on developing a sustainable child care system based on feedback obtained in province-wide consultations in fall 2001.

The ministry responsible for a majority of child-care services in BC, Community, Aboriginal and Women's Services (MCAWS), is committed to:

- supporting the availability of child care spaces providing families with child care option;
- focusing on improving choice for parents by increasing the number of affordable, sustainable and quality child care spaces in BC;
- designing programs that are comprehensive, integrated, coordinated, community focused, administratively efficient and effective, and sustainable; and
- developing a long-term strategy for encouraging the expansion of safe, affordable child care services, informed by consultations. The strategy is due in fiscal 2002/2003.

As a first step, three child care operating grants are being streamlined into one operating funding program for both centre-based and licensed family child care providers. As well, two child care capital grants will be streamlined into one. The implementation date is expected to be April 1, 2003.

MCAWS is developing a new operating funding program and a revised capital funding program, to be implemented April 1, 2003, with the goal of increasing the number of child care spaces available per 1000 children, aged birth to 12.

continued...

Key Action Area: Promoting healthy pregnancy, birth and infancy

Childhood Immunizations

In British Columbia, all infants and preschool children have access to immunizations to protect them from nine serious diseases: diphtheria; tetanus; polio; pertussis; haemophilus influenzae type B; measles; mumps; rubella; and hepatitis B.

In 2001/2002, a publicly funded pneumococcal vaccine program was introduced for persons (two years of age and older) at high risk for invasive pneumococcal disease. Invasive pneumococcal disease includes life-threatening bacterial infections. They cause childhood meningitis, pneumonia, bacteremia and middle ear infection.

Individuals considered at high risk include people with health conditions such as chronic hepatitis B or hepatitis C, chronic heart or lung disease, any condition associated with a weakened immune system, asplenia, sickle cell disease, diabetes, etc.... The vaccine is administered by a public health nurse or family physician.

Incremental investment 2001/2002: $579,000

Key Action Area: Strengthen Early Childhood Development, Learning and Care

Early childhood experiences affect us throughout our lives. While the family environment is primary, more and more children spend a significant amount of time in care settings outside the home. Quality child care experiences are critical to supporting children, families and a productive society. Because of its centrality in the lives of so many children and families, quality child care is a cornerstone of early childhood development. It supports all facets of children's healthy development resulting in increased school readiness, higher school performance, increased high school graduation and employment. BC's fiscal and social well-being depends on the ability of its citizens, now and in the future, to function well.

Child Care

The Government of British Columbia's New Era document (2001), committed to:

- increased child care choices for parents by encouraging expansion of safe, affordable child care spaces, and
- target child care funding to help parents who need it most.

The first ECD investment year, fiscal 2001/2002, was a year of transition for BC's child care system. Child care programs and grants were maintained through the year while work proceeded on developing a sustainable child care system based on feedback obtained in province-wide consultations in fall 2001.

The ministry responsible for a majority of child-care services in BC, Community, Aboriginal and Women's Services (MCAWS), is committed to:

- supporting the availability of child care spaces providing families with child care option;
- focusing on improving choice for parents by increasing the number of affordable, sustainable and quality child care spaces in BC;
- designing programs that are comprehensive, integrated, coordinated, community focused, administratively efficient and effective, and sustainable; and
- developing a long-term strategy for encouraging the expansion of safe, affordable child care services, informed by consultations. The strategy is due in fiscal 2002/2003.

As a first step, three child care operating grants are being streamlined into one operating funding program for both centre-based and licensed family child care providers. As well, two child care capital grants will be streamlined into one. The implementation date is expected to be April 1, 2003.

MCAWS is developing a new operating funding program and a revised capital funding program, to be implemented April 1, 2003, with the goal of increasing the number of child care spaces available per 1000 children, aged birth to 12.

continued...

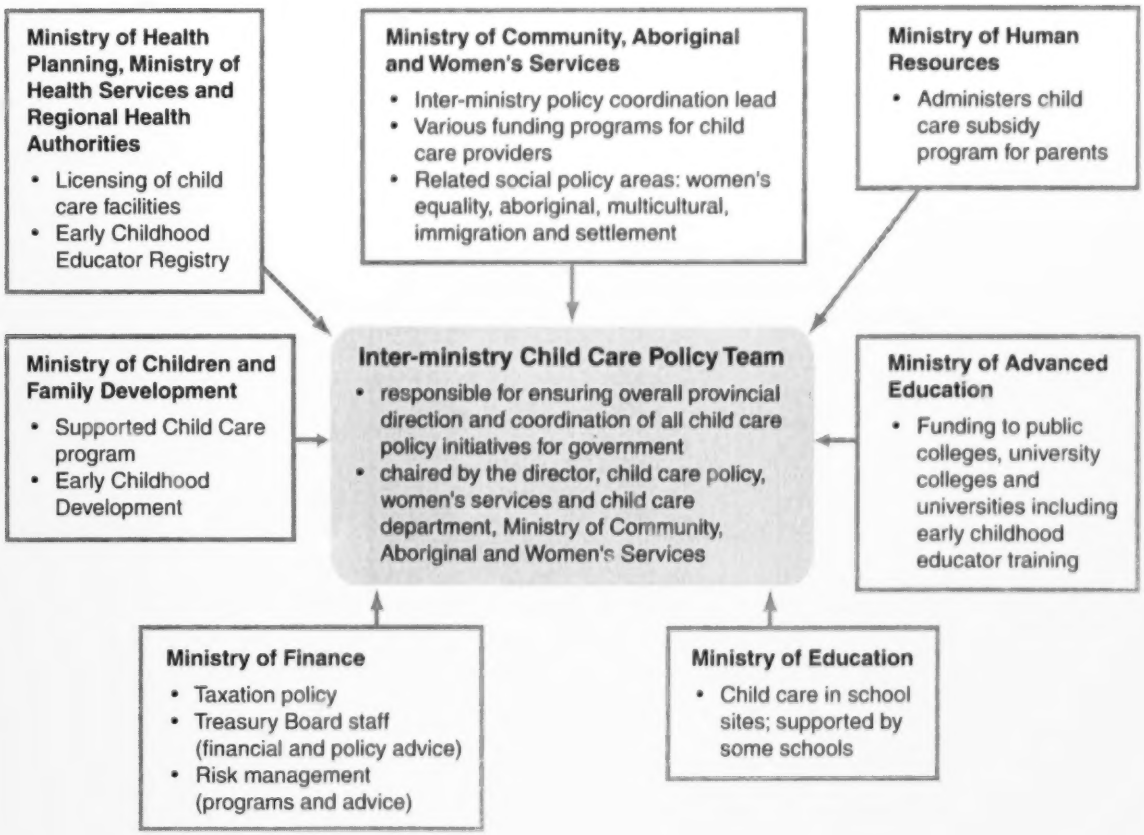
Key Action Area: Strengthen Early Childhood Development, Learning and Care

Child Care continued...

Until the new operating funding program is implemented, new funding is being used to support existing programs during the transition period. Programs with increased expenditures included the Infant/Toddler Incentive Grant; the Emergency Repair, Replacement and Relocation Grant; the Compensation Contribution Program; the Child Care Funding Assistance Program; and the Child Care Resource and Referral Program.

Incremental investment 2001/2002: $6.1 million

Inter-ministerial Coordination and Collaboration: Child Care


Ministry of Health Planning, Ministry of Health Services and Regional Health Authorities
• Licensing of child care facilities
• Early Childhood Educator Registry
Ministry of Community, Aboriginal and Women's Services
• Inter-ministry policy coordination lead
• Various funding programs for child care providers
• Related social policy areas: women's equality, aboriginal, multicultural, immigration and settlement
Ministry of Human Resources
• Administers child care subsidy program for parents
Ministry of Children and Family Development
• Supported Child Care program
• Early Childhood Development
Inter-ministry Child Care Policy Team
• responsible for ensuring overall provincial direction and coordination of all child care policy initiatives for government
• chaired by the director, child care policy, women's services and child care department, Ministry of Community, Aboriginal and Women's Services
Ministry of Advanced Education
• Funding to public colleges, university colleges and universities including early childhood educator training
Ministry of Finance
• Taxation policy
• Treasury Board staff (financial and policy advice)
• Risk management (programs and advice)
Ministry of Education
• Child care in school sites; supported by some schools

Key Action Area: Strengthen Early Childhood Development, Learning and Care

Inter-ministerial collaboration in the planning and delivery of early childhood development programs and services is a key component of the provincial strategy. British Columbia delivers a wide range of programs and services and collaborates with a variety of community service and advisory organizations.

Inter-Ministerial Collaboration – Autism Spectrum Disorder

The Ministry of Health Planning (MOHP) and the Ministry of Children and Family Development (MCFD) are working with Health Services and Education to facilitate coordinated service planning and implementation for children with autism spectrum disorder (ASD).

ASD Assessment and Diagnosis for children from birth to age 6 - funding enhancements (MOHP)

- increased assessment and diagnosis services for children in regional health facilities (Sunnyhill Health Centre for Children, Queen Alexandra Centre for Children's Health, and Okanagan Child Development Centre).
- community consultation sessions across BC to obtain input regarding the delivery of community-based ASD assessment and diagnostic services.
- Development of standards and guidelines for ASD assessment and diagnosis.

The Provincial Health Services Authority under the direction of the Ministry of Health Planning, will implement the Provincial Network of Autism Spectrum Disorder Assessment and Diagnostic Services.

Early Intensive Intervention Services (MCFD)

Early Intensive Behavioural Intervention (EIBI) contracted services:

- intensive one-to-one therapy and support services for 20 hours per week, according to best practices, for children under six diagnosed with ASD.
- aid each family to gain the skills they require to support their child.
- ensure that each child in the program is able to integrate into their community.
- three agencies deliver EIBI services to 75 children in eight BC communities: Victoria, Surrey, Delta, Langley, Kelowna, Penticton, Vernon and Kamloops.
- individualized behavioural intervention plans address transition planning to school for children 4.5 years and older.
- In order to support families' choice of early intervention service options that best meet the needs of the child, Individualized Funding to families of children with ASD under age six was announced for implementation June 1, 2002.

continued...

Key Action Area: Strengthen Early Childhood Development, Learning and Care

Child Care continued...

Until the new operating funding program is implemented, new funding is being used to support existing programs during the transition period. Programs with increased expenditures included the Infant/Toddler Incentive Grant; the Emergency Repair, Replacement and Relocation Grant; the Compensation Contribution Program; the Child Care Funding Assistance Program; and the Child Care Resource and Referral Program.

Incremental investment 2001/2002: $6.1 million

Inter-ministerial Coordination and Collaboration: Child Care

Ministry of Health Planning, Ministry of Health Services and Regional Health Authorities
• Licensing of child care facilities
• Early Childhood Educator Registry
Ministry of Community, Aboriginal and Women's Services
• Inter-ministry policy coordination lead
• Various funding programs for child care providers
• Related social policy areas: women's equality, aboriginal, multicultural, immigration and settlement
Ministry of Human Resources
• Administers child care subsidy program for parents
Ministry of Children and Family Development
• Supported Child Care program
• Early Childhood Development
Inter-ministry Child Care Policy Team
• responsible for ensuring overall provincial direction and coordination of all child care policy initiatives for government
• chaired by the director, child care policy, women's services and child care department, Ministry of Community, Aboriginal and Women's Services
Ministry of Advanced Education
• Funding to public colleges, university colleges and universities including early childhood educator training
Ministry of Finance
• Taxation policy
• Treasury Board staff (financial and policy advice)
• Risk management (programs and advice)
Ministry of Education
• Child care in school sites; supported by some schools

Key Action Area: Strengthen Early Childhood Development, Learning and Care

Inter-ministerial collaboration in the planning and delivery of early childhood development programs and services is a key component of the provincial strategy. British Columbia delivers a wide range of programs and services and collaborates with a variety of community service and advisory organizations.

Inter-Ministerial Collaboration – Autism Spectrum Disorder

The Ministry of Health Planning (MOHP) and the Ministry of Children and Family Development (MCFD) are working with Health Services and Education to facilitate coordinated service planning and implementation for children with autism spectrum disorder (ASD).

ASD Assessment and Diagnosis for children from birth to age 6 - funding enhancements (MOHP)

- increased assessment and diagnosis services for children in regional health facilities (Sunnyhill Health Centre for Children, Queen Alexandra Centre for Children's Health, and Okanagan Child Development Centre).
- community consultation sessions across BC to obtain input regarding the delivery of community-based ASD assessment and diagnostic services.
- Development of standards and guidelines for ASD assessment and diagnosis.

The Provincial Health Services Authority under the direction of the Ministry of Health Planning, will implement the Provincial Network of Autism Spectrum Disorder Assessment and Diagnostic Services.

Early Intensive Intervention Services (MCFD)

Early Intensive Behavioural Intervention (EIBI) contracted services:

- intensive one-to-one therapy and support services for 20 hours per week, according to best practices, for children under six diagnosed with ASD.
- aid each family to gain the skills they require to support their child.
- ensure that each child in the program is able to integrate into their community.
- three agencies deliver EIBI services to 75 children in eight BC communities: Victoria, Surrey, Delta, Langley, Kelowna, Penticton Vernon and Kamloops.
- individualized behavioural intervention plans address transition planning to school for children 4.5 years and older.
- In order to support families' choice of early intervention service options that best meet the needs of the child, Individualized Funding to families of children with ASD under age six was announced for implementation June 1, 2002.

continued...

Key Action Area: Strengthen Early Childhood Development, Learning and Care

Inter-Ministerial Collaboration – Autism Spectrum Disorder
continued...

School Transition Year (formerly Kindergarten Transition Year) program

- interim program to prepare children with ASD between four and six years of age for school entry.
- components: individualized plan with a focus on the following areas of skill development: self care; communication; and social/behavioural.
- MCFD regional contracts serve approximately 350 children.

Training

- 'Promising Practices for Children with Autism Spectrum Disorders' 3-day training in 30 communities for families, community professionals, service providers, educators and ministry staff.
- Curriculum included an overview of ASD, principles associated with best practices, key elements of effective early intervention programs and a framework for developing effective, individualized support.

Incremental investment 2001/2002: $8.8 million

"Our son has made remarkable progress in the last year through the Early Intensive Behavioural Intervention program."

- parent

Key Action Area: Strengthen Early Childhood Development, Learning and Care

Inter-Ministerial Collaboration – Autism Spectrum Disorder
continued...

School Transition Year (formerly Kindergarten Transition Year) program

- interim program to prepare children with ASD between four and six years of age for school entry.
- components: individualized plan with a focus on the following areas of skill development: self care; communication; and social/behavioural.
- MCFD regional contracts serve approximately 350 children.

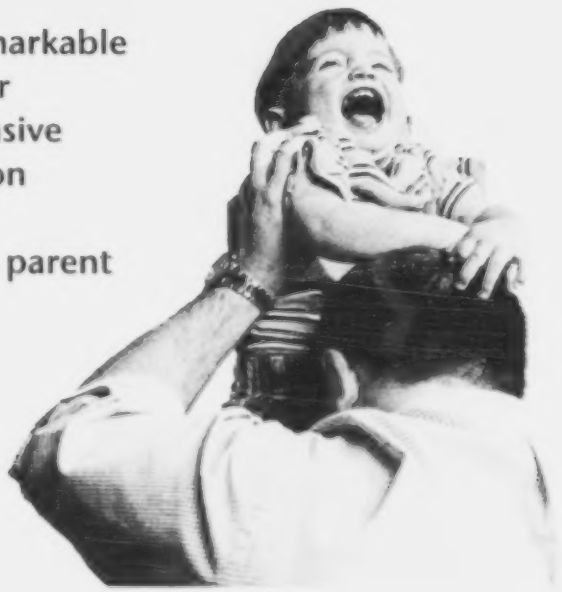
Training

- 'Promising Practices for Children with Autism Spectrum Disorders' 3-day training in 30 communities for families, community professionals, service providers, educators and ministry staff.
- Curriculum included an overview of ASD, principles associated with best practices, key elements of effective early intervention programs and a framework for developing effective, individualized support.

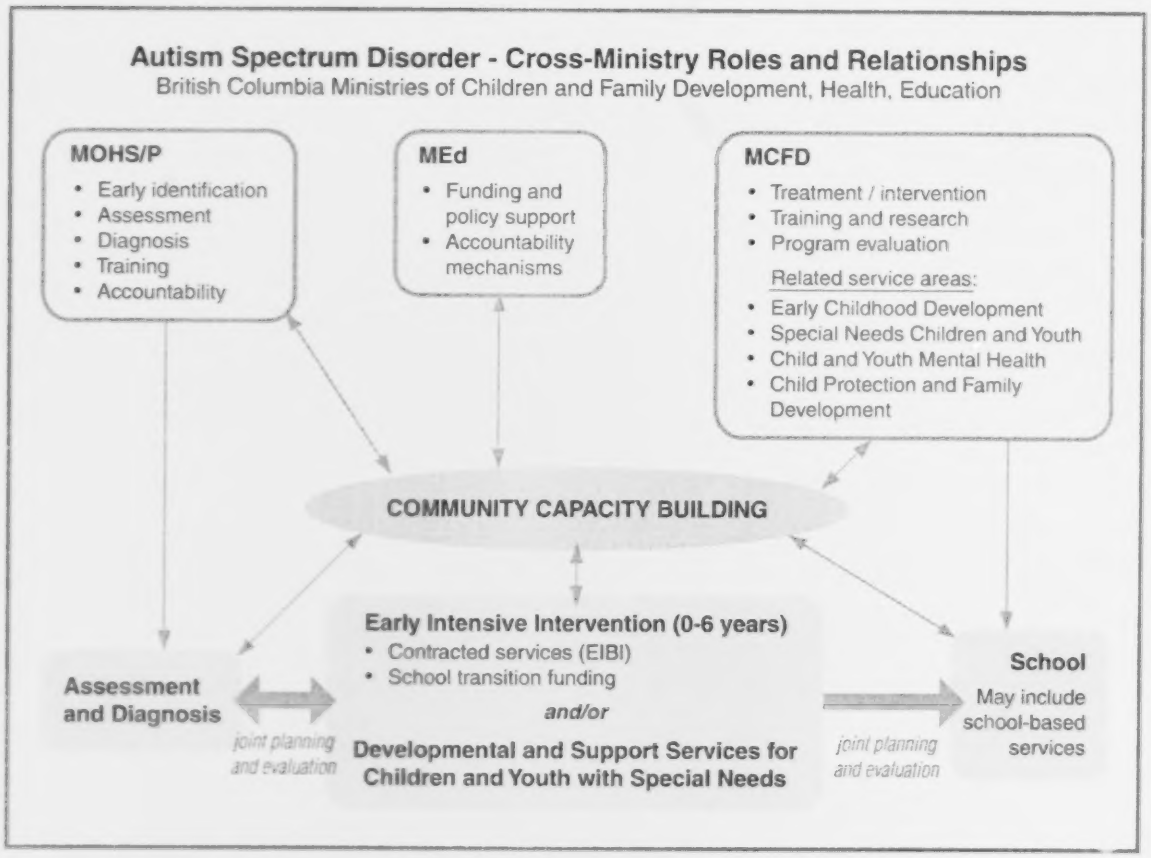
Incremental investment 2001/2002: $8.8 million

"Our son has made remarkable progress in the last year through the Early Intensive Behavioural Intervention program."

- parent



Key Action Area: Strengthen Early Childhood Development, Learning and Care



Incremental investment in this priority area for 2001/2002:

Supported Child Care **$51,000**

Supported Child Care is a community-based program that enables children with special needs from birth to age 12 attend community child care settings. The program provides extra support in the form of consultation, staff training, and/or extra staffing.

The Ministry of Children and Family Development provides funding to assist parents of children with special needs with the cost of the basic child care space fee through a Support Payment of up to $107/month. This subsidy recognizes the extraordinary costs borne by parents of children with special needs. The intent is that children with special needs would not miss the opportunity to attend preschool, due to family financial constraints.

In 2001/2002, there was an incremental investment for increases in compensation and wage rates.

Key Action Area: Improve parenting and family supports

Families and parents have the primary responsibility for the care of their children. However, no matter how well prepared they are, all parents need and benefit from support, whether from their families, communities or governments.

Parenting and family supports include opportunities for parents to acquire the knowledge, skills, and attitudes to foster and nurture the healthy development of their children. Such supports also include community and social resources to assist parents and caregivers.

Parent Information Publications

Best Chance Series
British Columbia prepares a variety of parent information publications. The Best Chance series began with Baby's Best Chance Parents' Handbook of Pregnancy and Baby Care, developed by the Ministry of Health in 1979 to improve access to information for healthy pregnancy and parenting choices.

Now in it's 5th edition, Baby's Best Chance has been a major contributor to healthier outcomes for both parents and infants.

In Spring 2002, the Ministry of Health in collaboration with the Ministry of Children and Family Development (MCFD) and the Minister of State for Early Childhood Development maintained their investment, expanding the Best Chance series by launching Toddlers First Steps, the second handbook in the series.

Toddlers First Steps is intended to assist parents and providers of children six months to three years of age in understanding what contributes to their child's healthy growth and development. Over the next year, Toddlers First Steps will be distributed in BC by public health nurses to parents of young children.

Autism Spectrum Disorder Directory 2nd Edition
British Columbia publishes a comprehensive Parent Resource Directory to provide information on services and supports for children and youth with Autism Spectrum Disorder. The Directory was revised in 2001/2002 based in collaboration with families, community agencies and other government ministries. Five thousand copies were printed and distributed throughout BC and is available on the MCFD website.

Sustained investment 2001/2002: $285,000

Key Action Area: Improve parenting and family supports

Research supports the importance of early intervention to optimize opportunities for improving the healthy growth and development of children, particularly for children with special needs. Early childhood experiences make a critical and long-term difference in children's early development.

Early Intervention Therapies

Early Intervention covers a range of programs and supports that provide integrated community-based services from diagnosis to school entry: physical therapy, occupational therapy, speech-language pathology, family support services

Target population: children up to age six with the following:

- Conditions, disorders or diseases that when recognized at birth can lead to the prevention of secondary disabling conditions
- birth factors that could lead to developing a disabling condition
- sign of delayed development that could lead to developing disabling condition
- disabling conditions caused by accidents (i.e. brain injury or disease).

Ministry of Children and Family Development - Regional Services
In 2001/2002, incremental funding was allocated to regional programs and contracted services to improve access to expand speech-language therapy, physiotherapy, and occupational therapy.

Funding was also provided to:

- BC Family Hearing Resource Centre – funding toward a family-based early intervention program, support and resources to deaf and hard of hearing children, families and community service providers.
- Child Development Centres – to acquire developmental toys and equipment to support and educate children and families.

Ministry of Children and Family Development - provincial focussed coordination
A province-wide recruitment and retention plan for physical therapists, occupational therapists, and speech-language pathologists was developed.

Monitoring and Evaluation

- Approximately 7,000 children served by nearly 70 contracted agencies.
- MCFD Provincial Table, Health Advisory Committee and Community Living Action Committee provided ongoing consultation on monitoring and evaluating the impact of this funding from the viewpoint of the sector.

Incremental investment 2001/2002: $4.5 million

Key Action Area: Improve parenting and family supports

Families and parents have the primary responsibility for the care of their children. However, no matter how well prepared they are, all parents need and benefit from support, whether from their families, communities or governments.

Parenting and family supports include opportunities for parents to acquire the knowledge, skills, and attitudes to foster and nurture the healthy development of their children. Such supports also include community and social resources to assist parents and caregivers.

Parent Information Publications

Best Chance Series
British Columbia prepares a variety of parent information publications. The Best Chance series began with Baby's Best Chance Parents' Handbook of Pregnancy and Baby Care, developed by the Ministry of Health in 1979 to improve access to information for healthy pregnancy and parenting choices.

Now in it's 5th edition, Baby's Best Chance has been a major contributor to healthier outcomes for both parents and infants.

In Spring 2002, the Ministry of Health in collaboration with the Ministry of Children and Family Development (MCFD) and the Minister of State for Early Childhood Development maintained their investment, expanding the Best Chance series by launching Toddlers First Steps, the second handbook in the series.

Toddlers First Steps is intended to assist parents and providers of children six months to three years of age in understanding what contributes to their child's healthy growth and development. Over the next year, Toddlers First Steps will be distributed in BC by public health nurses to parents of young children.

Autism Spectrum Disorder Directory 2nd Edition
British Columbia publishes a comprehensive Parent Resource Directory to provide information on services and supports for children and youth with Autism Spectrum Disorder. The Directory was revised in 2001/2002 based in collaboration with families, community agencies and other government ministries. Five thousand copies were printed and distributed throughout BC and is available on the MCFD website.

Sustained investment 2001/2002: $285,000

Key Action Area: Improve parenting and family supports

Research supports the importance of early intervention to optimize opportunities for improving the healthy growth and development of children, particularly for children with special needs. Early childhood experiences make a critical and long-term difference in children's early development.

Early Intervention Therapies

Early Intervention covers a range of programs and supports that provide integrated community-based services from diagnosis to school entry: physical therapy, occupational therapy, speech-language pathology, family support services

Target population: children up to age six with the following:

- Conditions, disorders or diseases that when recognized at birth can lead to the prevention of secondary disabling conditions
- birth factors that could lead to developing a disabling condition
- sign of delayed development that could lead to developing disabling condition
- disabling conditions caused by accidents (i.e. brain injury or disease).

Ministry of Children and Family Development - Regional Services
In 2001/2002, incremental funding was allocated to regional programs and contracted services to improve access to expand speech-language therapy, physiotherapy, and occupational therapy.

Funding was also provided to:

- BC Family Hearing Resource Centre – funding toward a family-based early intervention program, support and resources to deaf and hard of hearing children, families and community service providers.
- Child Development Centres – to acquire developmental toys and equipment to support and educate children and families.

Ministry of Children and Family Development - provincial focussed coordination
A province-wide recruitment and retention plan for physical therapists, occupational therapists, and speech-language pathologists was developed.

Monitoring and Evaluation

- Approximately 7,000 children served by nearly 70 contracted agencies.
- MCFD Provincial Table, Health Advisory Committee and Community Living Action Committee provided ongoing consultation on monitoring and evaluating the impact of this funding from the viewpoint of the sector.

Incremental investment 2001/2002: $4.5 million

Key Action Area: Improve parenting and family supports

Additional Incremental investment in this priority area for 2001/2002:

Adoption Support Services **$1.8 Million**

An incremental investment was made to Ministry of Children and Family Development adoption services in 2001/2002 to develop an Adoption Recruitment Campaign – "Kids Can't Wait to Have a Family".

Funding was also allocated to Assisted/Post Adoption Services to provide services to help meet the extraordinary costs associated with children with special needs including: medical supplies and equipment; dental and orthodontic expenses; transportation; remedial education, counselling, speech/hearing therapies and special needs day care. Families may also receive: specialized training; respite care; homemaker services; and maintenance payments.

Healthy Kids Dental and Optical Benefits **$684,000**

Healthy Kids is a program that extends basic dental and vision care to children in low-and moderate-income families. Healthy Kids removes one of the barriers to moving from welfare to work.

In 2001/2002 the Ministry of Human Resources extended coverage to provides 100 percent basic dental and optical coverage for children of low-income families receiving Medical Services Plan premium assistance.

Child and Family Focussed Support Services **$3.8 Million**

This area covers a wide range of support services to children and families to enhance community-based parenting supports, reduce likelihood of harm to a child in a family, provide rest and relief, and supports to children with special health care and developmental needs. Services include:

- Child & Youth Care Workers
- Homemaker/Home support for Special Needs Children
- Nursing Support Services
- Parent Support for Families with Children with Special Needs
- Protective Family Support Programs
- Respite services (special needs and non-special needs)

In 2001/2002 the province made additional investment in these areas in terms of increases in compensation and wage rates. This investment is aimed at improving the quality of services provided to clients and ensuring the stability of resources.

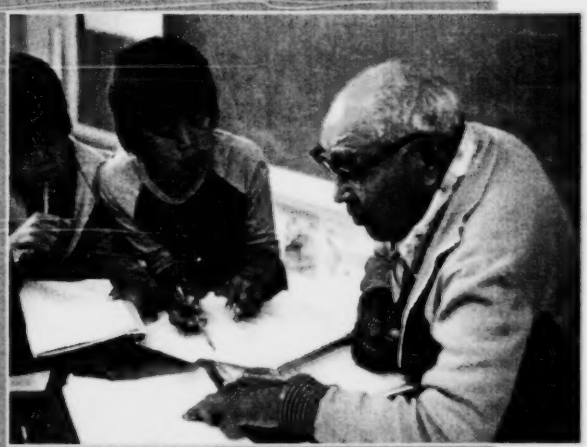
Key Action Area: Strengthen community supports

Communities provide the basic infrastructure where family life is lived, and provide a context where shared values and expectations are developed. A community-based approach which builds on existing infrastructure (i.e. schools, recreational centres, and cultural centres) and links across organizations and sectors (i.e. non-governmental organizations, private, public and voluntary/charitable sectors) is key to establishing the partnerships that are necessary to achieve success.

Community-based models ensure that developed responses become community-specific and result in greater flexibility. Programs and services are more relevant and more responsive, and capacity for the community to manage their issues is increased.

Aboriginal ECD

The Ministry of Children and Family Development has identified building capacity of Aboriginal communities to provide services to their children and families as a priority. In 2001/2002 the Ministry launched an RFP process to select twenty-five Aboriginal communities across the province to receive funding to deliver Aboriginal early childhood development services.



Aboriginal agencies conducted several months of consultations with their communities to submit collaborative proposals and to ensure proposed services are tailored to the true needs of the community. Aboriginal agencies are developing culturally relevant programs focusing on parenting and family support, pregnancy, birth and infancy, community supports and prevention of fetal alcohol syndrome.

An initial investment in aboriginal ECD was made in 2001/2002 to support the consultation process, proposal development and selection of community agencies that will deliver urban aboriginal ECD services. As the initiative develops, the province has committed to investing $8 million annually to establish a system of ECD services in aboriginal communities.

Incremental investment 2001/2002: $944,000

Key Action Area: Strengthen community supports

Communities provide the basic infrastructure where family life is lived, and provide a context where shared values and expectations are developed. A community-based approach which builds on existing infrastructure (i.e. schools, recreational centres, and cultural centres) and links across organizations and sectors (i.e. non-governmental organizations, private, public and voluntary/charitable sectors) is key to establishing the partnerships that are necessary to achieve success.

Community-based models ensure that developed responses become community-specific and result in greater flexibility. Programs and services are more relevant and more responsive, and capacity for the community to manage their issues is increased.

Aboriginal ECD

The Ministry of Children and Family Development has identified building capacity of Aboriginal communities to provide services to their children and families as a priority. In 2001/2002 the Ministry launched an RFP process to select twenty-five Aboriginal communities across the province to receive funding to deliver Aboriginal early childhood development services.

Aboriginal agencies conducted several months of consultations with their communities to submit collaborative proposals and to ensure proposed services are tailored to the true needs of the community. Aboriginal agencies are developing culturally relevant programs focusing on parenting and family support, pregnancy, birth and infancy, community supports and prevention of fetal alcohol syndrome.

An initial investment in aboriginal ECD was made in 2001/2002 to support the consultation process, proposal development and selection of community agencies that will deliver urban aboriginal ECD services. As the initiative develops, the province has committed to investing $8 million annually to establish a system of ECD services in aboriginal communities.

Incremental investment 2001/2002: $944,000

Make Children First Learning Initiative

The Make Children First Learning Initiative is a community partnership that brings together all sectors of the community to focus on the service delivery system for young children up to age 6 and their families. The sectors involved are the Ministry for Children and Family Development, public health, school districts, child-focussed community service agencies, Aboriginal bands and agencies, municipal services such as parks and recreation and libraries, child care providers, child development centres, family places and neighbourhood houses, local businesses and the voluntary sector.

The purpose of the Initiative is to determine an integrated and comprehensive system for early childhood development that can be applied provincially through learning about the:

- the key community characteristics and partnerships needed to support young children and their families
- process to best support communities and service providers to determine their strengths and needs
- approaches that facilitate integration and community ownership of service delivery models
- processes that engage all families in accessing information, supports and services, and
- emerging practices to bring strengths and needs together to improve the well-being of young children

The Initiative was launched in December 2000 with the establishment of 3 sites: Port Alberni and the West Coast, Eastern Fraser Valley and Prince George.

The impact of these Initiatives is evident in many ways:

- communities have come together, partnerships have developed and communities are learning how to work together collaboratively to enhance opportunities for children and families.
- community partners are learning how to work more effectively with their collective resources to enhance opportunities for children and families undertaking a range of activities to engage "hard to reach" families to ensure all families are able to access necessary supports and services.
- communities have undertaken a community mapping process to determine services, supports and opportunities for young children and their families.

In 2001/2002, the Initiatives received annualized funding and continued to develop in response to characteristics, strengths and needs in each community, making each one unique.

Incremental investment 2001/2002: $517,000

Key Action Area: Strengthen community supports

"We are working with the Aboriginal community to decrease access barriers to services and become more culturally sensitive to the needs of this community."

- Eastern Fraser Valley

"By bringing together all speech language providers, services have been streamlined and the wait list has been eliminated."

- Port Alberni

"Groups are working together, in new partnerships."

- Prince George

Legacy Fund for Early Childhood Development

In 2001/2002 the province of British Columbia made an investment in the Vancouver Foundation to establish the ECD Legacy Fund, which will assist BC communities in building capacity to serve their young children and their families.

The Vancouver Foundation invites contributions from business, labour, charitable groups and individuals to the Legacy Fund to provide for ECD grants to community organizations and agencies that are building capacity and supports for their children and families.

ECD grants may include prevention, education and support programs that help ensure children enter school ready to learn and realize their unique potential.

Incremental investment 2001/2002: $5.0 million

Key Action Area: Strengthen community supports

Make Children First Learning Initiative

The Make Children First Learning Initiative is a community partnership that brings together all sectors of the community to focus on the service delivery system for young children up to age 6 and their families. The sectors involved are the Ministry for Children and Family Development, public health, school districts, child-focussed community service agencies, Aboriginal bands and agencies, municipal services such as parks and recreation and libraries, child care providers, child development centres, family places and neighbourhood houses, local businesses and the voluntary sector.

The purpose of the Initiative is to determine an integrated and comprehensive system for early childhood development that can be applied provincially through learning about the:

- the key community characteristics and partnerships needed to support young children and their families
- process to best support communities and service providers to determine their strengths and needs
- approaches that facilitate integration and community ownership of service delivery models
- processes that engage all families in accessing information, supports and services, and
- emerging practices to bring strengths and needs together to improve the well-being of young children

The Initiative was launched in December 2000 with the establishment of 3 sites: Port Alberni and the West Coast, Eastern Fraser Valley and Prince George.

The impact of these Initiatives is evident in many ways:

- communities have come together, partnerships have developed and communities are learning how to work together collaboratively to enhance opportunities for children and families.
- community partners are learning how to work more effectively with their collective resources to enhance opportunities for children and families undertaking a range of activities to engage "hard to reach" families to ensure all families are able to access necessary supports and services.
- communities have undertaken a community mapping process to determine services, supports and opportunities for young children and their families.

In 2001/2002, the Initiatives received annualized funding and continued to develop in response to characteristics, strengths and needs in each community, making each one unique.

Incremental investment 2001/2002: $517,000

Key Action Area: Strengthen community supports

"We are working with the Aboriginal community to decrease access barriers to services and become more culturally sensitive to the needs of this community."

- Eastern Fraser Valley

"By bringing together all speech language providers, services have been streamlined and the wait list has been eliminated."

- Port Alberni

"Groups are working together, in new partnerships."

- Prince George

Legacy Fund for Early Childhood Development

In 2001/2002 the province of British Columbia made an investment in the Vancouver Foundation to establish the ECD Legacy Fund, which will assist BC communities in building capacity to serve their young children and their families.

The Vancouver Foundation invites contributions from business, labour, charitable groups and individuals to the Legacy Fund to provide for ECD grants to community organizations and agencies that are building capacity and supports for their children and families.

ECD grants may include prevention, education and support programs that help ensure children enter school ready to learn and realize their unique potential.

Incremental investment 2001/2002: $5.0 million

Key Action Area: Strengthen community supports

Additional Incremental investment in this priority area for 2001/2002:

Building Blocks **$365,000**

Building Blocks programs, cover a range of a community-based services to support children and their families in the areas of Fetal Alcohol Spectrum Disorder prevention, building parent capacity through infant toddler stimulation and home visiting programs. The initiatives work with communities and families to support families in need of additional supports to enhance their capacity to provide a safe, nurturing environment that maximizes children's growth and development potential.

In 2001/2002, incremental funds were allocated by the Ministry of Children and Family Development to Building Block programs for:

- compensation agreements aimed at improving the quality and stability of services
- program enhancements in the region
- home visitor training through Justice Institute (adapted from the Invest in Kids curriculum)
- funding for HIPPY (Home Instruction for Parents of Preschool Youngsters) as a component under Building Blocks
- funding for facilitator training for the Roots of Empathy program in BC as a component under Building Blocks. Roots of Empathy is a program designed to foster the development of empathy and emotional literacy in children though the delivery of an education program for pre-kindergarten and elementary school children.

"The best thing about Healthy Beginnings* is the opportunity to see that I am not alone in my struggle as a new mother. There are other mothers going through similar difficulties as I."

- program participant

"Healthy Beginnings* is not just informing group participants, it is building the knowledge base of our whole community."

- memo, Community Nutritionist

* Healthy Beginnings is a local name for a Building Blocks program

Key Action Area: Strengthen community supports

Additional Incremental investment in this priority area for 2001/2002:

HELP (Human Early Learning Partnership) **$500,000**

In 2001/2002, the Ministry of Children and Family Development continued its partnership with HELP, a network of interdisciplinary researchers and academics, led by Dr. Clyde Hertzman at the University of British Columbia. This partnership will give the ministry use of the Early Development Instrument (EDI) as a population-based measure to assess BC's kindergarten aged children's "readiness to learn" (in five domains: physical health and well-being, social competence, emotional maturity, language and cognitive development, and communication skills and general knowledge) and collect information on how children's "readiness to learn" is influenced by community and neighbourhood factors.

In the Make Children First Learning Initiative, HELP is working with those communities to collect information to contribute to the community analysis of the Early Development Instrument (EDI) results. Administration of the EDI in school districts across the province will be continued in 2002/2003 in a growing number of districts.

Future work in partnership with HELP will assist the Ministry of Children and Family Development to use leading edge research to promote policy development and best practices.

Family Resource Programs **$274,000**

The Ministry of Children and Family Development has provided incremental funding to a range of child-servicing community-agencies and organizations (Family Resource Centres/ Family Places/ Neighbourhood Houses) to implement or expand ECD services and programs.

Funding was allocated to develop new centres, improve access to existing family support services, purchase of toys and equipment, and develop and distribute resource materials. Programs are aimed at reaching isolated communities and families who face barriers to active community participation.

Expansion and further enhancement to Family Resource Programs throughout BC is planned for 2002/2003 to provide a hub for parents to obtain information, education, support, referrals so that they are connected to their communities and receiving support for effective parenting.

2001/2002 Program Expenditures

Expenditures for 2001/2002 have been prorated for ages preconception to age six. Where information on the exact of number clients served that are under age six is not available, a percentage (27%) has been applied those programs. This is based on provincial demographic data of the portion of the child population (defined as 0-19 years) that are under age six.

2001/2002 was a transition year to a new government in British Columbia, as a result total eligible expenditures for 2001/2002 did not meet the total funding invested in the province.

Program	Ministry	Baseline 2000/01 (000s)	2001/02 (000s)	Sum of Difference (000s)
Pregnancy, Birth and Infancy				
Childhood Immunization (Vaccine Costs)	MOHS	5,923	6,502	579
Fetal Alcohol Spectrum Disorder	MCFD	175	297	122
Infant Development Program	MCFD	6,877	8,296	1,419
Total		**12,975**	**15,095**	**2,120**
Early Childhood Development Learning and Care				
ASD - Autism Diagnosis & Assessment	MOHS	236	542	306
ASD - Early Intensive Behaviour Intervention	MCFD		5,823	5,823
ASD - School Transition Year - EII	MCFD		2,264	2,264
ASD - Support Services for EII	MCFD		405	405
Child Care BC: Capital Expansion Program	MCAWS	327	13	-314
Child Care BC: Funding Assistance Program	MCAWS	847	3,376	2,529
Child Care Resource & Referral	MCAWS	5,786	7,038	1,252
Child Care Subsidy	MHR	101,772	100,486	-1,286
Compensation Contribution Program[1]	MCAWS	14,551	16,978	2,427
Emergency Repair, Replacement & Relocation Grant	MCAWS	396	620	224
Facilities & Equipment Grant	MCAWS	826	736	-90
Infant Toddler Incentive Grant	MCAWS	1,952	1,960	9
Supported Child Care[2]	MCFD	19,877	19,929	51
Young Parent Program[1]	MHR	149	169	20
Total		**146,719**	**160,339**	**13,620**

[1] MCAWS expenditure of $84,000 for Young Parent Program is reflected under MHR.

[2] Supported Child Care expenditures have been added to the Baseline.

Program	Ministry	Baseline 2000/01 (000s)	2001/02 (000s)	Sum of Difference (000s)
Parental and Family Supports				
Child and Youth Care Workers	MCFD	1,925	2,203	278
Homemaker / Home Support for Special Needs Children	MCFD	448	545	98
Nursing Support Services[3]	MCFD	2,936	2,961	26
Parent Support - Families with Children with Special Needs	MCFD	1,386	1,599	213
Protective Family Support Programs	MCFD	10,693	12,860	2,167
Respite (non-special needs)	MCFD	1,636	2,194	558
Respite Services	MCFD	1,678	2,130	452
Adoption Support Services	MCFD	646	1,058	412
Assisted / Post Adoption Services	MCFD	1,511	2,896	1,385
At Home Program	MCFD	1,709	1,549	-160
Early Intervention Therapies	MCFD	19,161	23,633	4,472
Healthy Kids Dental & Optical Benefits	MHR	7,699	8,383	684
Homemaker / Home Support	MCFD	1,607	1,371	-235
Nobody's Perfect Parenting Program	MOHS	469	469	0
Non-Protective Family Support	MCFD	6,142	6,034	-108
Parent Information Publications	MOHS	285	285	0
Pregnancy Outreach Program	MOHS	2,397	2,397	0
Professional Support for Children with Special Needs	MCFD	365	351	-14
Public Health Nursing / Speech, Audiology, Nutrition, Dental[4]	MOHS	69,009	69,030	22
Vision First Check	MOHS	10	0	-10
Total		**131,710**	**141,949**	**10,239**
Community Supports				
Aboriginal - ECD	MCFD		944	944
Building Blocks	MCFD	2,166	2,531	365
Family Resource Programs	MCFD		274	274
Human Early Learning Partnership (H.E.L.P.)	MCFD		500	500
Learning Initiatives	MCFD	1,112	1,630	517
Legacy Fund for ECD	MCFD		5,000	5,000
Total		**3,278**	**10,878**	**7,600**
Grand Total		**294,683**	**328,261**	**33,579**

[3] Baseline expenditures increased due to modified proration: from 27% of age 0-6 to 50%.

[4] Baseline expenditures decreased due to modified proration: from 75.3% of age 0-6 to 75%. Expenditure enhancement for vaccine administration costs, linked to immunization.

BRITISH
COLUMBIA